

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020227

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAY 23 1962

Primary Registration District No.

1003

Registrar's No.

4917

STATE FILE NUMBER

VS 300
Rev. 4/59

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1290-0

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90

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR
TOWN

ST. LOUIS

d. STREET

(If outside, give location)

2658th NEBRASKA

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ALBERT

W

BUCK

4. DATE

OF
DEATH

Month

Day

Year

MAY 12

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

OCT 4, 1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

RETIRED RAILWAY EXPRESS DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

ALBERT BUCK

13b. MOTHER'S MAIDEN NAME

LILLY HEREEN

14. NAME OF HUSBAND OR WIFE

ALVIRA BUCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ALVIRA BUCK 2658th NEBRASKA

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Failure

INTERVAL BETWEEN

ONSET AND DEATH

24 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic Myocarditis with Decompensation

5 years or more

DUE TO (c)

Valvular Heart Disease

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

4214

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

6/2/59 to 6/12/62 and last saw him alive on 6/10/62

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh Haynes M.D.

22b. ADDRESS

3777 Washington

22c. DATE SIGNED

MAY 15 1962

23a. BURIAL, CREMATION

REMOVAL (Specify)

BURIAL

23b. DATE

MAY 16 1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS

23e. STATE

MO.

24. FUNERAL DIRECTOR

Thomas H. H. 2806 Gravois

25. DATE RECD. BY LOCAL REG.

MAY 15 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

Dr. Hugh Hargreaves

Beaumont Bldg.

RM 203

8-3-6204

2-5³⁰ Daily

usually gets at office
about 1³⁰

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanthorvince

Licensed Embalmer No.

3403

P. O. Address

2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.